

Canons Regular of the New Jerusalem
2018 Summer Camp Registration, Permission, and Medical Release Form

Due by July 1, 2018

Payment may be sent with this form or made on the first day of camp.

Registration and Payment

Youth Name: _____ Home Phone: _____

Age: _____ Date of Birth: _____ Has received First Communion (Y/N): _____

Parent 1 Name: _____ Work/Cell Phone: _____

Parent 2 Name: _____ Work/Cell Phone: _____

Address: _____

City/State/Zip: _____

Parent email address: _____

Alternative Contact Name & Number: _____

I as parent or legal guardian of my child do hereby agree to allow my child to participate in St. Monica's/St. Augustine's Camp for the following week(s):

_____ JULY 16 – 20: St. Augustine's Camp for Boys, ages 5 – 8 (Cost: \$60)

_____ JULY 23 – 27: St. Augustine's Camp for Boys, ages 9 – 14 (Cost: \$100)

Please pay by check made out to Canons Regular of the New Jerusalem either with this form or on the first day of camp. If you would like to request a scholarship, please indicate as such below.

_____ I would like to request a scholarship for my child. Amount: \$_____

Permission and Medical Release form on opposite side →→→→→→→→→→

Permission and Medical Release

In consideration of the opportunity for my child to participate in this camp, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY the Canons Regular of the New Jerusalem, 219 South George Street, Charles Town, WV 25414; the Roman Catholic Parish of St. James the Greater, 49 Crosswinds Drive, Charles Town, WV 25414; the Roman Catholic Bishop of Wheeling-Charleston and his successors, a Corporate Sole; and all their agents, servants, and employees from any and all liability, claims, demands, and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child’s participation in the camp.

I hereby grant permission to any staff to obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event I cannot be reached.

Check one of the following:

I am covered by hospitalization and medical insurance under policy # _____ issued by _____.

I do not have medical coverage and assume full responsibility for the cost of hospitalization and medical care for my child.

I hereby grant permission to any staff person to provide the following over-the-counter medication to my child if requested by my child (circle all that apply).

Tylenol Benadryl Advil Sudafed Midol Pepto Bismol Kaopectate Neosporin Aspirin

Please note any other medical information concerning medication, allergies, illness, etc.

Please note any dietary restrictions or food allergies:

Parents/guardians of participants are advised that photographs of participants may be used in publications, websites, or other materials from time to time by the Canons Regular of the New Jerusalem (participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed should so notify the Canons in writing.

Parent/guardian signature: _____ Date: _____